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Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
233 North Michigan Avenue, Suite 600  
Chicago, IL 60601-5519

Dear Ms. Hughes,

RE: Section 1115 Demonstration Waiver

On behalf of Advocate Health Care (Advocate), our 6,500 physicians, 10,000 nurses, and the hundreds of thousands of patients we serve, I want to thank the Centers for Medicare & Medicaid Services (CMS) for your consideration of Illinois' Behavioral Health Transformation - Section 1115 Demonstration Waiver. With one in four Americans living with a mental illness or substance abuse disorder, the economic and social costs to the government, providers, and society associated with behavioral health are significant. At Advocate, 26 percent of adult inpatients, 9 percent of pediatric inpatients, and 35 percent of the chronically ill are diagnosed with a behavioral health disorder. The integration of care between behavioral health and general medical services is essential in improving outcomes, curbing rising health care costs, and reducing readmission rates. Through our twelve years of experience in clinical integration, we have seen first-hand that the "triple aim" cannot be achieved without an approach to care that consistently addresses the patients' medical and behavioral health needs.

### **Background**

Advocate is the largest health system in Illinois and one of the largest health care providers in the Midwest. Advocate operates more than 450 sites of care and 12 hospitals, including five of the nation's 100 Top Hospitals, the state's largest integrated children's network, five Level I trauma centers (the state's highest designation in trauma care), three Level II trauma centers, one of the area's largest home health and hospice companies, and one of the region's largest medical groups. Advocate trains more primary care physicians and residents at its four teaching hospitals than any other health system in the state. As a not-for-profit, mission-based health system affiliated with the

Evangelical Lutheran Church in America and the United Church of Christ, Advocate contributed \$686 million in charitable care and services to communities across Chicagoland and Central Illinois in 2015.

### **Behavioral Health Integration and Service Line**

Advocate's mission, values and philosophy dedicate us to address the full range of physical, emotional, and spiritual needs of the individuals and families in the communities we are privileged to serve. Since 1995, through Advocate Physician Partners (APP), we have delivered increasingly well-coordinated care across specialties. Building on this deep-rooted dedication to integrated care, in 2014, Advocate established its Behavioral Health Service Line. We are committed to providing leading edge holistic care to our patients with equal emphasis on traditional/medical and psychosocial needs. The Behavioral Health Service Line recognizes the interrelated contributions of depression, anxiety, other mood disorders, stress, grief/loss, and substance use problems to medical and surgical conditions commonly treated in a variety of settings.

Consistent with Advocate's commitment to population health, integrated behavioral health services can achieve better patient outcomes, greater efficiencies, and higher patient satisfaction while decreasing complications from unnecessary tests and treatments. Advocate focuses on screening patients as well as enhancing training for providers to better identify, treat, and/or refer patients who have both behavioral health conditions and chronic recurrent medical conditions. Telehealth services also are a critical component in extending the reach of scarce behavioral health providers. These services enable physicians to provide care when a psychiatrist is not on site. Telehealth technology provides patients with a timely consult upon arrival to the emergency department (ED) or inpatient setting. It also enables physicians in their offices to connect with psychiatrists or advanced practice clinicians, providing expedited evaluations and prompt initiation of treatment.

### **Behavioral Health Waiver Funding and Rates**

The Advocate system has a Community Mental Health Center (CMHC) located at Advocate Illinois Masonic Medical Center. Through this center, we utilize several state grants that help us provide services to Medicaid patients as well as under-insured and uninsured individuals. We receive approximately \$1.2 million annually in state grant funding which supports behavioral health crisis services (in the Emergency Department and in the community), services to the deaf and hard of hearing population, and funds to provide for psychotropic medications if patients cannot afford them.

As part of the waiver, we request the continuation of capacity grant funding in addition to reasonable reimbursement rates for the proposed benefits in the Waiver that take into account a provider's true cost for providing the service.

Because the rates currently paid to CMHCs cover only a fraction of behavioral health care and services, capacity grant funding is critical in providing a bare minimum level of financial support services for those who are poor and acutely ill; otherwise, communities would have a dearth of services for patients discharged from private and state hospitals, EDs, and medical units. It is essential

for rates paid to CHMCs to be increased, as the safety net has been decimated in Illinois communities. For example, when an advance practice nurse (APN) provides a long acting injectable medication for a patient with chronic mental illness, we are paid \$12.30; we are paid \$20.02 if that provider monitors and evaluates the patient's medication regimen. This level of reimbursement is unacceptable, as the actual cost for medication administration is approximately \$30.00 and a medication monitoring visit costs Advocate approximately \$50.00. The current level of reimbursement does not cover even half of our costs to provide this critical patient service.

Urban hospitals with psychiatric units, like Illinois Masonic, need a system that fairly pays for quality behavioral health services. The waiver purports to change the system from fee-for-service to one based on value, but does not provide detail about how the state would do this in a way that ensures access to care for the most vulnerable, including those suffering from mental illness and drug addiction. We look forward to learning from the Department and the state as to how this will be incorporated into the waiver.

### **Community Partnerships**

We appreciate the state's overarching goal to reduce over-reliance on institutional care and its shift to community-based models of care. As part of our annual Community Health Needs Assessment, behavioral health and substance abuse were identified as top issues for all the communities that we serve.

Advocate has established a proactive model for identification of patients with unrecognized behavioral health conditions in order to enable treatment and improve care coordination across the continuum. Through partnerships with community organizations, Advocate offers patients enhanced access to behavioral health providers, early intervention, accurate and timely diagnosis, education and treatment, coordination between primary care and specialists (supported by behavioral health providers), patient education, and follow-up. By focusing on care coordination and communication between providers, Advocate is providing quality, comprehensive care without duplication of – or a gap in – services.

As part of this new initiative, Advocate utilizes tele-psychiatry services across the system to maximize patient access to psychiatrists who are in short supply throughout Illinois. For example, the telehealth program at Advocate Christ Medical Center in Oak Lawn treated a 31-year-old female with no health insurance who presented at Advocate Condell Medical Center in Libertyville (40 miles north of Chicago). The patient was evaluated by a psychiatrist using telehealth technology. She was found to be abusing prescription drugs (opiates and benzodiazepines) and had developed opiate and sedative hypnotic dependence, along with depression and suicidal ideation. During the course of the hospital stay, the patient's depression was treated and withdrawal symptoms were managed. The patient was then referred to outpatient treatment through Nicasa, a Lake County not-for-profit substance abuse program, in order to completely titrate off benzodiazepines. Upon completing assisted withdrawal management, the patient transitioned to the Women's Residential Services program through the Lake County Health Department. This is one example of the 736 patients treated year to date through Advocate's telehealth program.

Nicasa is one of many community entities Advocate works with to provide effective treatment for those patients whose behavioral health and social needs do not require the complex care offered by Advocate. Another example is at Advocate BroMenn Medical Center in Bloomington-Normal. BroMenn worked in collaboration with the McLean County Center for Human Services to develop a standardized crisis assessment tool. This tool is used not only at BroMenn but also at the McLean County Jail and anywhere else in McLean County where a patient receives a crisis assessment by the Center for Human Services. This assists with care continuity between providers for both inpatient and outpatient settings.

### **Conclusion**

Again, we thank CMS for the opportunity to provide our feedback on Illinois' Behavioral Health Transformation - Section 1115 Demonstration Waiver. Advocate strongly supports the goals of the waiver and we are eager to be of assistance to the Illinois Department of Healthcare and Family Services as the Department implements the Section 1115 Demonstration Waiver. Please do not hesitate to contact me or Meghan Woltman, Advocate Vice President, Government and Community Relations (630/929-6614, [meghan.woltman@advocatehealth.com](mailto:meghan.woltman@advocatehealth.com)) should you have any questions or if we can be of assistance.

Regards,



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